

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Redeemed)

MAY 02 2014

Bayfield Co. Zoning Dept.



Permit #:	14-0060
Date:	5-14-14
Amount Paid:	\$175 5-6-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Robert &amp; Kathleen Marinell</u>	Mailing Address: <u>65970 N. Pine Dr. Iron River, WI 54947</u>	Telephone: <u>715 372-8199</u>
Address of Property: <u>same</u>	City/State/Zip: <u></u>	Cell Phone: <u>715 392-3300</u>
Contractor: <u>self</u>	Contractor Phone: <u></u>	Plumber Phone: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip): <u></u>
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>04-024-2-47-08-28-105-00-80000</u>	Recorded Document: (i.e. Property Ownership) <u>Volume 1090 Page(s) 485</u>
Section <u>28</u> , Township <u>47</u> N, Range <u>8</u> W	Town of: <u>Iron River</u>	Subdivision: <u></u>
Lot Size: <u></u>	Acres: <u>1.0</u>	

<input checked="" type="checkbox"/> Shoreland <u>→</u>	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? <u>→</u>	Distance Structure is from Shoreline: <u>3</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue <u>→</u>	Distance Structure is from Shoreline: <u>3</u> feet		

Value at Time of Completion * include donated time & material <u>\$5,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary Specify Type: <u></u>	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Sanitary</u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Kwell
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> None			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Roof Pkch	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None			

Existing Structure: (if permit being applied for is relevant to it)	Length: <u></u>	Width: <u></u>	Height: <u></u>
Proposed Construction:	Length: <u></u>	Width: <u></u>	Height: <u></u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>10 x 30</u> )	<u>300</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>10 x 30</u> )	
	<input type="checkbox"/> with Loft	( <u>10 x 30</u> )	
	<input type="checkbox"/> with a Porch	( <u>10 x 30</u> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <u>10 x 30</u> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <u>10 x 30</u> )	
	<input type="checkbox"/> with Attached Garage	( <u>10 x 30</u> )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>10 x 30</u> )	
	<input type="checkbox"/> Mobile Home (manufactured date) <u></u>	( <u>10 x 30</u> )	
	<input type="checkbox"/> Addition/Alteration (specify) <u></u>	( <u>10 x 30</u> )	
	<input type="checkbox"/> Accessory Building (specify) <u></u>	( <u>10 x 30</u> )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u></u>	( <u>10 x 30</u> )	
Rec'd for Issuance	Special Use: (explain) <u></u>	( <u>10 x 30</u> )	
MAY 14 2014	Conditional Use: (explain) <u>Shower &amp; Roof Pkch</u>	( <u>10 x 30</u> )	
Secretarial Staff	Other: (explain) <u>Repair bathroom Foundation</u>	( <u>10 x 30</u> )	

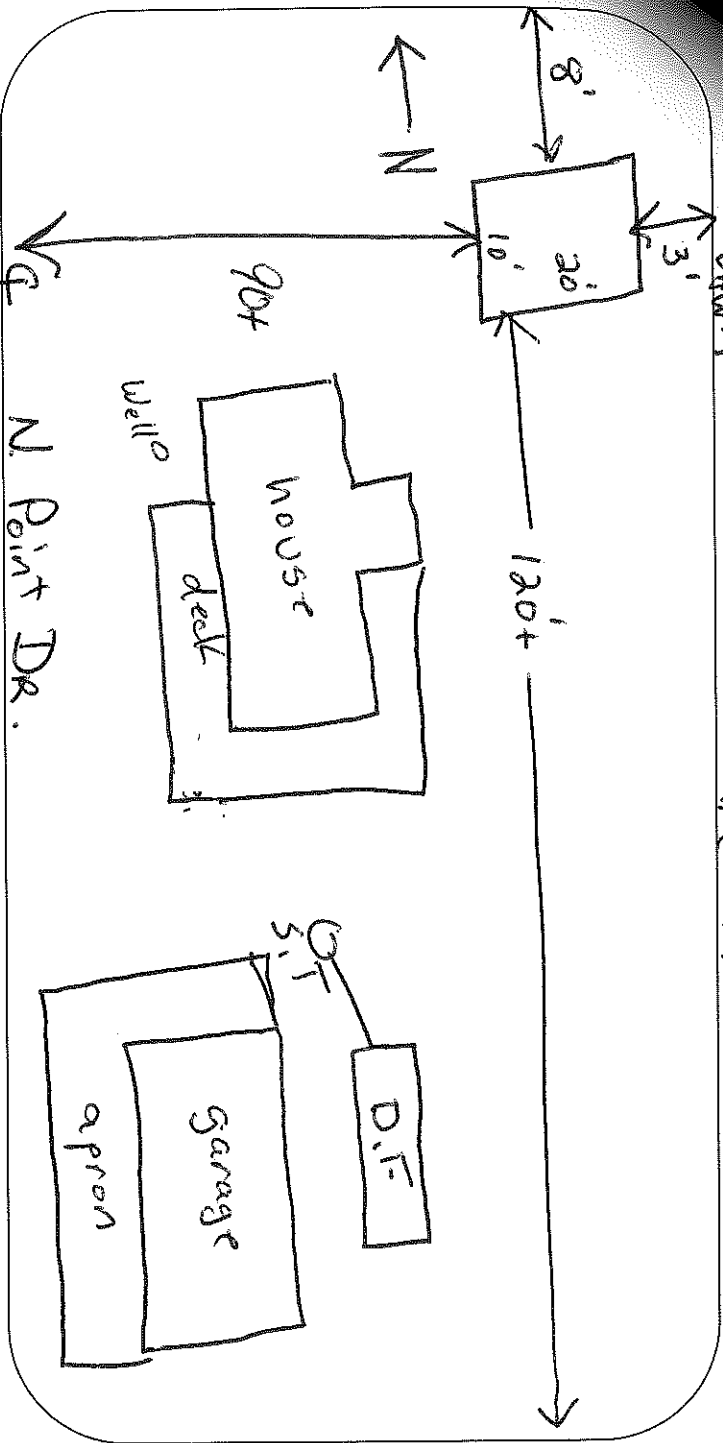
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Robert & Kathleen Marinell Date 4-28-14  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: same as above Date   
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

or **Sketch your Property** (regardless of what you are applying for)

- show location of: **Proposed Construction**  
show / indicate: North (N) on Plot Plan  
show location of (\*): (\*\*) Driveway and (\*\*) Frontage Road (Name Frontage Road)  
All Existing Structures on your Property  
(\*) Well (W); (\*\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(\*) Wetlands; or (\*) Slopes over 20% **Lake Millissent**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	90' Feet	Setback from the Lake (ordinary high-water mark)	3' Feet
Setback from the Established Right-of-Way	80' Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	8' Feet		
Setback from the South Lot Line	130' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	100' Feet	Setback to Well	50' Feet
Setback to Drain Field	100' Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 114977	# of bedrooms: 3	Sanitary Date: 9-9-88		
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-00060		Permit Date: 5-14-14				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3' DRAIN 8' to P.L.				
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	existing	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:		Structure is non-conforming to DRAIN & Property Line setbacks.				
Date of Inspection: 5-2-14	Inspected by: MM. Furtado	Zoning District (R-1)				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Lakes Classification (1)				
see affidavit. Must place 5' fence between backhouse & lake (Lake Millissent). Backhouse may not exceed 10' in height.						
Signature of Inspector: Michael Furtado		Date of Approval: 5-3-14				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

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Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

MAY 02 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0004
Date:	5-15-14
Amount Paid:	\$175 5.0.14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>John Schrock</u> <u>Mary Berube</u>	Mailing Address: <u>14045 E. Carlisle Rd</u> <u>Brule, WI 54820</u>	Telephone: <u>715-372-4832</u>
Address of Property: <u>66615 Spider Lake Road</u>	City/State/Zip: <u>Iron River, WI 54847</u>	Cell Phone: <u>715-292-1885</u>
Contractor: <u>Self</u>	Contractor Phone: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>1/4, 1/4</u>	PIN: (23 digits) <u>04-024-2-47-08-20-2-05-0024</u> <u>05000</u>
Gov't Lot: <u>2</u>	Lot(s): _____	Block(s) No.: _____
CSM: _____	Vol & Page: _____	Subdivision: _____
Section: <u>20</u> , Township: <u>47</u> N, Range: <u>8</u> W	Town of: <u>Iron River</u>	Lot Size: _____
		Acres: <u>1.58</u>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u>	Distance Structure is from Shoreline: <u>101</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: <u>75</u> feet		

Value at Time of Completion * include donated time & material <u>\$ 30,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary Specify Type: <u>SEW</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____		
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet		
<input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None			
	<u>\$ 5120</u>					

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>37'</u>	Width: <u>25'</u>	Height: <u>14'</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with Loft		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with a Porch		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with Attached Garage		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Mobile Home (manufactured date) _____		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Addition/Alteration (specify) _____		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Accessory Building (specify) _____		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Special Use: (explain) <u>Short term rental</u>		( <input type="checkbox"/> X <input type="checkbox"/> )	<u>925</u>
<input type="checkbox"/> Conditional Use: (explain) _____		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Other: (explain) _____		( <input type="checkbox"/> X <input type="checkbox"/> )	

MAY 15 2014

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) consent to county officials charged with administering county ordinances to have access to the information provided in this application for the purpose of inspection.

Owner(s): John Schrock Mary Berube Date 5/3/14  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Same as above Attach \_\_\_\_\_  
Copy of Tax Statement ✓  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- Show Location of (\*):
- (\*) North (N) on Plot Plan
- (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (\*) Wetlands; or (\*) Slopes over 20%

See Map Attached

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	70 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	40 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	95 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	137 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	70 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	12 Feet
Setback to Drain Field	Feet		

Setback to Privy (Portable, Composting) NA Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 12-1265	# of bedrooms: 2	Sanitary Date: 10-17-12			
Permit Denied (Date):		Reason for Denial:					
Permit #: 14-00064		Permit Date: 5-15-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:		Zoning District (R-1)					
Structure is existing		Lakes Classification (2)					
Date of Inspection: 5-14-14	Inspected by: M. Funtale	Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)							
Must obtain permit from Bayfield County Health Dept.							
Signature of Inspector: Michael Stucke		Date of Approval: 5-15-14					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>			



Property

